APPLICATION FOR THE EXECUTIVE SAFETY ADVISORY COMMITTEE (ESAC) SAFETY AWARD

Cabinet/Depa	artment/Divisi	on:		
Address:			State	
	Street	City	State	Zip
Contact Perso	on:			
E-mail Addre	ess:			
Phone: Number of Employees as of January 1:				
Hours worke	d without expe	eriencing lost tii	ne:	
Date of last le	ost time incide	ent:		
Annual Signe	ed 300 log(s) a	and 300A summ	ary attached:	
Submitted by		Title		date

Mail complete application and attachments to:

Personnel Cabinet State Safety Program Attn: Scott Gasser 501 High Street, 3rd Floor Frankfort, KY 40601